

28496

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. **7610**

FILED SEP 23 1942 318

Registration District No. ....

Primary Registration District No. **1003**

## 1. PLACE OF DEATH:

(a) County.....  
 (b) City or town **St. Louis.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**4178 N. Euclid Ave. /**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 In this community **Life**..... (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME **Katie Aylward**3. (b) If veteran, name war..... 3. (c) Social Security No. **None**4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widow**6. (b) Name of husband or wife **William Aylward.** 6. (c) Age of husband or wife if alive..... years7. Birth date of deceased **Aug. 10, 1874**  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
**68 1 1** hr. min.9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)10. Usual occupation **Housework.**

11. Industry or business.....

12. Name **Christian Heinger.**13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)14. Maiden name **Rosalie Meier.**15. Birthplace **Huma, Louisiana.**  
(City, town, or county) (State or foreign country)16. (a) Informant **Ida S. Schiele**(b) Address **1434 Hamilton Ave.**17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept. 14, 42**  
(Month) (Day) (Year)(c) Place: burial or cremation **Calvary Cemetery.**18. (a) Signature of funeral director **Robert Neuman**(b) Address **1431 Union Blvd.**19. (a) **SEP 19 1942** (Date received local health officer) (b) **J. F. Prudick** (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **4178 N. Euclid Ave.**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **11**  
year **1942** hour **11** minute **a.** M.21. I hereby certify that I attended the deceased from **August 11,**  
19**42** to **September 11,** 19**42**,  
that I last saw her alive on **September 11,** 19**42**,  
and that death occurred on the date and hour stated above.Immediate cause of death **myocarditis with acute cardiac failure**  
Duration **3 days**Due to **La grippe and advanced age** about **3 weeks**

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....  
 (c) Where did injury occur?..... (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)  
(e) Means of injury.....23. Signature **Jim Nelson** (M. D. or other) **D**  
Address **5449 Delmar Boulevard** Date signed **Sept 13/42**

844 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 2  
M-9-4-41  
V. 5-17-39  
VI X29484

DR NELSON  
5449 DELMORR

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
..... working under my personal supervision.

Signed Frank H. Phillips  
Licensed Embalmer No. 2915  
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)  
If this body is not embalmed, fact should be so stated above.